



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
**Department of Health Care Services**  
**LEA Medi-Cal Billing Option Program**  
**Frequently Asked Questions (FAQs)**



EDMUND G. BROWN JR  
GOVERNOR

**LEA Service Limitations**

**\*\*PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROVIDER MANUAL FOR COMPLETE LEA PROGRAM AND POLICY INFORMATION\*\***

**Q1. What are the daily and annual maximum limitations for IEP/IFSP psychosocial status assessments?**

- A. IEP/IFSP psychosocial status assessments are billed in 15-minute increments. These have no daily maximum unit limitation per assessment. However, there are yearly service limitations. Initial IFSP psychosocial status assessments are limited to one assessment per lifetime per beneficiary per LEA provider. Initial IEP and triennial IEP/IFSP psychosocial status assessments are limited to one assessment every third fiscal year per beneficiary per LEA provider. Annual IEP/IFSP psychosocial status assessments are limited to one assessment every fiscal year per beneficiary per LEA provider when an initial/triennial assessment is not billed during that fiscal year. Amended IEP/IFSP psychosocial status assessments are limited to one assessment every 30 days per beneficiary per LEA provider when an initial/triennial or annual assessment has been billed during that fiscal year. Additional information is located in the [loc ed bil](#) section (page 8) in the LEA Provider Manual.

**Q2. What is the daily maximum limitation for non-IEP/IFSP treatment services? How does this differ from the yearly limitation of 24 services per fiscal year?**

- A. LEA non-IEP/IFSP assessment and treatment services have daily maximum limitations (i.e., nursing treatment services are limited to 32 units = 8 hours of treatment per day). Non-IEP/IFSP services are limited to 24 services per fiscal year. Each non-IEP/IFSP assessment, treatment and transportation service reimbursed is included in the fiscal year limitation. Therefore, if the LEA bills 2 units (30 minutes) of non-IEP/IFSP nursing treatment, this is considered as one "service" of the 24 services per fiscal year. Note that Free Care requirements must be met in order to bill for non-IEP/IFSP services. For additional information, refer to the [loc ed bil](#) section (page 8) in the LEA Provider Manual.

**Q3. Will an amended assessment be paid if the student was not Medi-Cal eligible last year, but is now? The annual assessment would not have been billed and will not be in the student's paid claims history.**

Yes, your LEA may bill an amended IEP/IFSP assessment even though the annual assessment was not billed due to Medi-Cal ineligibility. The LEA must have the necessary service documentation in the student's files that document that the initial/triennial/annual IEP/IFSP assessment was originally performed prior to amending the assessment.